## DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

## **Provider Inspection Summary**

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

## **Facility Information**

Facility Name: NORTHWEST PATHWAYS TO IND INC 6 (0009207) Address: 2610 MONT CLAIRE ROAD, EAU CLAIRE, WI 54703

**License Status: REGULAR** 

Licensed/Certified/Registered 04/26/2001

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey	History
Sui ve y	IIISTOI Y

Survey ID: 0094552 End Date: 04/13/2005 Type: ABBREVIATED Purpose: SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0090814 End Date: 07/28/2003 Type: STANDARD Purpose: SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10006328 Served 08/11/2003

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Deficiencies Cited	Subject Area	<u>Verified</u>	Corrected
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE	08/25/2003	Yes
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	08/25/2003	Yes
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	09/10/2003	Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.